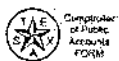


# **EXHIBIT 4**

05-102  
(Rev. 9-15/33)**Texas Franchise Tax Public Information Report**To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

1 7 6 0 6 9 0 1 0 1 9

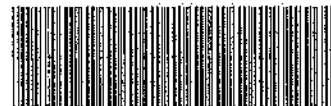
2 0 1 9

Taxpayer name <b>BBB LOGISTICS, INC.</b>		<input type="checkbox"/> Blacken circle if the mailing address has changed.	
Mailing address <b>9200 DERRINGTON ROAD SUITE 100</b>		Secretary of State (SOS) file number or Comptroller file number	
City <b>HOUSTON</b>	State <b>TX</b>	ZIP code plus 4 <b>77064</b>	<b>0800002685</b>

☐ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office <b>9200 DERRINGTON ROAD SUITE 100, HOUSTON, TX, 77064</b>
Principal place of business <b>9200 DERRINGTON ROAD SUITE 100, HOUSTON, TX, 77064</b>

You must report officer, director, member, general partner and manager information as of the date you complete this report.

***Please sign below!*****This report must be signed to satisfy franchise tax requirements.**

1000000000015

**SECTION A** Name, title and mailing address of each officer, director, member, general partner or manager.

Name <b>LARRY BROWNE</b>	Title <b>PVST</b>	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address <b>9200 DERRINGTON ROAD SUITE 100</b>	City <b>HOUSTON</b>	State <b>TX</b>	ZIP Code <b>77064</b>
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address	City	State	ZIP Code
Name	Title	Director <input type="radio"/> YES	Term expiration m m d d y y <input type="text"/>
Mailing address	City	State	ZIP Code

**SECTION B** Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership

**SECTION C** Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

Name of owned (parent) corporation, LLC, LP, PA or financial institution	State of formation	Texas SOS file number, if any	Percentage of ownership
Registered agent and registered office currently on file. (see instructions if you need to make changes)			
Agent: <b>C T CORPORATION SYSTEM</b>			
Office: <b>1999 BRYAN ST SUITE 900</b>	City <b>DALLAS</b>	State <b>TX</b>	ZIP Code <b>75201</b>

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

sign here <b>LARRY N BROWNE</b>	Title <b>PRESIDENT</b>	Date <b>09/21/2019</b>	Area code and phone number <b>( 281 ) 854 - 1313</b>
------------------------------------	---------------------------	---------------------------	---

**Texas Comptroller Official Use Only**

VE/DE <input type="radio"/>	PIR IND <input type="radio"/>
-----------------------------	-------------------------------



TRANSMITTER ID = CCHFTWSPROD

TLN = 00047430016